

**DELAWARE DIVISION OF PUBLIC HEALTH  
HEALTH SYSTEMS PROTECTION  
ENVIRONMENTAL HEALTH FIELD SERVICES**

**APPLICATION FOR PERMIT TO OPERATE TEMPORARY FOOD ESTABLISHMENT**

PLEASE COMPLETE AND RETURN TO THE ENVIRONMENTAL HEALTH FIELD SERVICES (EHFS) OFFICE  
LOCATED IN THE COUNTY IN WHICH THE TEMPORARY FOOD ESTABLISHMENT WILL BE OPERATED.

EHFS New Castle County  
Limestone Prof. Ctr., Suite 100  
2055 Limestone Road  
Wilmington, DE 19808  
Phone: 302-995-8650  
Fax: 302-995-8323

EHFS Kent County  
Williams State Serv. Ctr.  
805 River Road  
Dover, DE 19901  
Phone: 302-739-5305  
Fax: 302-739-7013

EHFS Sussex County  
Georgetown State Serv. Ctr.  
544 South Bedford Street  
Georgetown, DE 19947  
Phone: 302-856-5496  
Fax: 302-856-5065

Name of Event: \_\_\_\_\_ Date(s) of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_

Business / Organization Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Day Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Name of Person-in-Charge of this Temporary Food Estab at Event: \_\_\_\_\_

Proposed Menu: \_\_\_\_\_

Site of Food Preparation (if other than Event location): \_\_\_\_\_

Source of Foods (including milk, ice): \_\_\_\_\_

Source of Water: \_\_\_\_\_

Methods used for cooking food to required temperatures: \_\_\_\_\_

Methods used for maintaining cold food at 41° F or lower: \_\_\_\_\_

Methods used for maintaining hot food at 140° F or above: \_\_\_\_\_

Hand washing Facilities (Describe): \_\_\_\_\_

Utensil washing Facilities (Describe): \_\_\_\_\_

In applying for a Temporary Food Establishment permit, I understand that failure to comply with all food safety requirements may result in the suspension of the permit, at which time all food operations must cease, until corrective action is taken and approved.

\_\_\_\_\_  
Signature and Title of Applicant

\_\_\_\_\_  
Date

**<< FOR OFFICIAL USE ONLY >>**

Application Reviewed: \_\_\_\_\_ Applicant Interviewed: \_\_\_\_\_ Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved with Following Revisions: \_\_\_\_\_

Risk Rating: PHF \_\_\_\_\_ + ER \_\_\_\_\_ + OR \_\_\_\_\_ = \_\_\_\_\_

Doc.# 35-05-20/01/05/04